

GENERAL NOTES ON OCCUPATIONAL THERAPY AND THE SECOND WORLD WAR

The Association of Occupational Therapists had come into being in 1936.
Its membership was very small.
Its work was carried out by an Honorary Secretary.
Its "base" was at Chester; it had then no offices.
It was not incorporated.
It became incorporated in 1944

On the death of the Rehabilitation Adviser at the Ministry of Health (? Major ?) in the early days of the war, Mr. Rharadi Jones was asked to advise, arrange training and recruitment of personnel for service in Occupational Therapy Departments of Emergency Medical Service Hospitals. Plans were made for training. A six weeks course was at first mooted. Finally a six months course was agreed upon.

The first financial allocation for this was £2000 for one year.

The courses were started in Sept. 1942

The Association of Occupational Therapists co-operated and instituted a War Emergency Diploma. Necessary pre-requisites for this were the qualification as listed under 1 and 2 on the blue folder enclosed., and the Auxiliary Certificate, for juniors to train as helpers in Departments. In 1943 the £2000 allocation was changed to £1000 per annum if required.

A further intermediate Certificate was added to the above named the 1943 Certificate. Pre-requisites for this were as listed under 3 on blue folder.

All the training courses and examinations were kept in line with the main training course so that candidates wishing to upgrade at a later date, might do so with certain credits.

The students accepted under this Ministry of Health Scheme were given their board-residence, their craft materials, books and uniforms and £1 per week pocket money for six months. They were immensely loyal and hard working and went out and did excellent work in the hospitals to which they were allocated (often with little choice and in difficult circumstances).

Problems were at first created by lack of apparatus and materials, space and not least, appreciation and understanding of the work by the medical profession. Great tribute is due to Mr. Rharadi Jones for his perseverance and help in obtaining allocations of money, priority for equipment and materials, for his untiring visits to hospitals, and for his considerate help with the many problems of establishment.

Altogether	48	War Emergency Diploma Candidates	} were trained under this Ministry of Health Scheme
	60	1943 Certificate Candidates	
	90	Auxiliary Candidates	
and a further	3	War Emergency Diploma Candidates	} who, for various reasons, were not able to qualify for Ministry of Health grants, trained for the War-time qualification.
	7	1943 Certificate Candidates	
	6	Auxiliary Candidates	

Of these at least 75-80 have upgraded and become fully qualified.

Under the Aegis of the Ministry of Health Rehabilitation courses for Doctors and Physiotherapists were run at various centres. These were invaluable in putting the whole of the Rehabilitation Scheme into good perspective and contributed much towards the establishment of good team work for the benefit of the patient.

Some industrial productive work was linked to other occupations in the Hospital Departments, but problems in regard to Trades Various, Geneva Convention etc, were apparent, and only certain unauthorised enterprise, which met with no opposition, was able to survive.

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Correspondence courses and vocation training were introduced for long term patients, with excellent results.

Occupational Therapy in war-time was different from that before or after the war. The work in Mental Hospitals was seriously curtailed. Space was given over to beds for service or blitz casualties. Materials in short supply were not available for the Mental Hospitals, although some were supplied to hospitals dealing with service psychological cases.

The type of case met in the E.M.S. and General hospitals was unlike most civilian cases. The very nature of their injury was not such as is usually met with, except in perhaps serious industrial accident cases with multiple injuries. Treatment had, as now, to be progressive, but it was limited to certain methods. Further, Service cases were not discharged from hospital to become outpatients at the same stage as is usual for a civilian. This necessitated an ample availability of heavy work and space for housing and treatment of ambulant cases. A further problem was created by the incessant movement of service patients from hospital to hospital without, in the early stages, the accompanying adequate prescriptive and treatment data.

A vast amount of time was lost in assessing and re-assessing. This improved towards the end of the war, but certainly delayed and impeded proper progression of treatment.

The impetus given to Occupational Therapy in the war brought with it heavy responsibility, and I should like to pay tribute, as I can from inside knowledge, to the very gallant and unwearying efforts, real enterprise, and good humoured work of those Occupational Therapists who with little tradition to support them went out to face unknown difficulties and problems, and who, everywhere, with those of other ancillary medical workers, were congratulated on their contribution to the re-establishment of all types of patients in the war years.